Los Ar les County Sheriff's Depa ent Officer Involved Shooting

Page 1 of 5

Report Date:	3/30/1	6		Bureau/Statio	n/Facility: Speci:	al Enforcement	Bureau	I	Adm	nin, Invest,?		Hit?	7
						Incident Informa	F. C. S.						
URN:	0	16-04	651-028	37-013		Date:	03/3	0/16		Time:	,	1525	
City or Station:		E	ast Los	Angeles		Nature of Incident:							
Location: Northside Drive, El A 90022				location. The	SEB deputies responded to an armed barricaded suspect at the location. The suspect exited the residence with a black semi-auto hand gun and was shot by one SEB deputy.								
Location Type (check one or m Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School Street Other:			Darkn Daylig Other Street Weather (Cloud Fog Rain Distance:	Lights circle only on	e):	Incident Type (chec. Accidental Accidental Armed Person Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Startle Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service	ı	nore):	Arrest Call Obset One F Other Searc Two F Prior Activ J Detect Inmate Other	th Warrant Person Unit vity (check of tive e Transport):	
Total # of Shots Fi	red by [Deputy	Total # of 8	Shots Fired by	Suspect	Warning Shot Other:			Aero l	Jnit? ✓	Cani	ine Unit?	√
					F	mployee Witnes	ses						
Employee #		Last N		berti	First !	Name Richard	M.I.	ShiftTime (che	ck only one): M	ShiftType (✓ Regular		-	Off Duty
Employee #		Last N	ame		First I	Vame	M.I.	ShiftTime (che	ck only one):	ShiftType (check on	ly one):	
Employee #		Last N	ame	agna	First I		M.I.	ShiftTime (che	M 🕢 Day	Regular ShiftType		-	Off Duty
		e September 1980	Воц	cher	•	Russell		EM P	M 📝 Day	Regular	Over	time 🔲 C	Off Duty
Last Name					Nor	n-Employee Witr	lesses First l	Name				M.I.	
Street Address					City		Zip C	ode V	ork Ph		Home P	h	
Last Name							First		N/A	A		N/A	
					0.11								
Street Address					City		Zip C		ork Ph		Home P		
Last Name							First					M.I.	
Street Address					City		Zip C	ode V	ork Ph	ı	Home P	h	
						Supervisors							
Employee#	Last N	ame	Bouche	er	First Nar	Russell	М.1.	(check one d ✓ On Duty ✓ Present d	during shoo			s to shoo	
Employee #	Last N	ame			First Nar	ne	M.I.	(check one of On Duty	<i>r more</i>): during shoo			s to shoo	- 1
	,					Watch Sergear		m Na					
Employee #		Last Na	me				F	irst Name				M.l.	
						Watch Comman							
Employee #		Last Nai	me	(Chase		F	rst Name	Bruc	e		M.§.	D
h													
De	TDUe	Oak											

See Reverse

SH#

Officer Involved Shooting

016-04651-0287-013 N:

(BT)

(CH)

(EL)

(FA)

(FE)

(FI)

(GÉ)

(GR)

Buttocks

Chest

Elbow

Face

Feet

Groin

Fingers

Genitals

								rage		
					Rollout Informat	lion				
Arrival		30/16	Arrival Time	1730	Date Submitted	03/31/16	Date of Recommendation			V 30 - 643
Emplo		Last Name		Gra	all	First Nam	David		M.I.	
Emplo	yee #	Last Name		Han	nil	First Nam	Jeffrey		M.I.	
Emplo	yee #	Last Name		Carra	sco	First Nam	Jesus		M.I.	
				Shoot	ing / Force Inf	ormation				
Meth (AW)			(0) (0.11		Тур	e of Injury	Body	Part Inju	ırea
(BC) (BI) (BF) (CN)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine		(OV) (OB) (OO) (PK) (PS)	Other Weapo Personal Wea	n: Blunt Object		Abrasion Bruise Burn Complaint of Pain	(AD) (AK) (AR) (BK)	Abdomen Ankle Arm Back	

(CO)

(DH)

(DI)

(DB)

(FR)

(GS)

(HB)

(LC)

Concussion

Dislocation

Dog Bite

Fractures

Gunshot

.223 caliber

Human Bite

Lacerations

Death

(BF)	Bodily Fluids	(PK)	Personal We	apon: Feet/Leg: (Kick)	
(CN)	Canine	(PS)	Personal We	apon: Feet/Leg: (Sweep)	
(CR)	Carotid Restraint	(PH)		apon (Hand/Arm)	
(CH)	Choke Hold	(PP)	Personal We		
(CT)	Control Holds:(Control Techniq	jues) (PO)	Personal We	apon (Other)	
(TT)	Control Holds:(Team Takedow		Resistance		
(TD)	Control Holds:(Takedown)	(CN)	Restraint Dev	vice (Capture Net)	
(CE)	Chemical	(RH)		vice (Handcuffs)	
(OC)	Chemical Agents (OC Spray)	(HB)		vice:Hobble (Legs Only)	
(TG)	Chemical Agents (Tear Gas)	(TP)		vice:Hobble (TARP)	
(EX)	Explosives	(RE)		vice: REACT Belt	
(FH)	Firearm (Handgun)	(SP)	Sap		
(FR)	Firearm (Rifle)	(SH)	Shield		
(FS)	Firearm (Shotgun)	(SG)	37mm Stinge	r	
(FO)	Firearm (Other)	(SB)	Sting Ball		
(FB)	Flashbang	(ST)	Stun Bag		
(FL)	Flashlight	(TR)	Taser		
(OE)	Other Weapon: Edged	(UC)	Uncooperativ	e	
Bra	nd (IV)	Iver Johnson	(RO)	Rossi	_
(AK)	AK-47 (JE		(SW)	Smith & Wesson	
(BN)	Benelli (LO		(SR)	Sturm Ruger	
(DD)	0				

Luger

Marlin

Mossberg

Norinco

Remington

Raven

RG RGI

NCI aka SKS

North American

(SS)

(ST)

(TA)

(WÉ)

(WN)

(US)

er	(ND) (OD) (PA) (PW)	Nerve Dar Organ Da Paralysis Puncture	mage mage		(HD (HE (HI)) Ha) He Hip	end ead o ernal
ve	(SD) (ST) (UN)	Soft Tissu Sprain/Tw Unconscio	ists	ige	(KN (LE) (NK (SH) Kn Le:) Ne	ees
Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling	(RM) (NN)	Refused M	fled Trea	atment	(WF	R) Wr	ist
Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(10) 10 (12) 12 (20) 20 (21) .23	mm mm guage guage 2-250 2 caliber	(24) (25) (30) (35) (36) (38)	.243 calib .25 calib .308 cali .357 cali 30-60 ca .38 calib	er iber iber aliber	(41) (44) (45) (50) (SL) (WW)	.410 guage .44 caliber .45 caliber 50 mm Slug Other caliber

(40)

.40 caliber

FORCE APPLIED (one code per block)

(LU)

(MA)

(MO)

(NC)

(NA)

(NO)

(RA)

(RM)

(RG) (RI)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S-1	E-1`	FH	ZZ	40				
E-1	S-1	FR	HK	9	Y	Y	DH	СН

Beretta

Colt

Glock

H & K

Ithica

Browning

Charter Arms

Hi Standard

Davis Industries

Harrington & Richardson

(BR)

(BW)

(CH)

(CO)

(DA)

(GL) (HA) (HI)

(HK) (IT)

Officer Involved Shooting Involved Employee Information

URN: 016-04651-0287-013

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				Involve	d Emplo	yee					
E 1	Employee #	Last Name		Francois			First	Name E	rvin	M.I.	
	Sex: M Race: B	Rank: Deputy	,	Unit Assignm	ent: SEB		Work A	ssignment (Unit #, Mod	dule, etc.):		
	ShiftTime (circle only one):	ShiftType (circle only one) Regular Overtime	-	Intoxication/E	Drug Usage?		Substa	nce Used:			
	Hospital Admission?	Hospital Name:		Coroner Cas	se?		Corone	er Case #		Interview	ed? 🗸
	Hrs of sleep prior to shooting	g: Duty Time (brs):		(circle only one Clothes no Vest		et w/ Vest		actors:			
	Age: Height:	5-10 Weight: 183	Plain	Clothes w/ Vest Jacket no Vest	Uniform n	o Vest	SEB	full gear, gas ma	ask		
	Range Qualification Date:		PPC Q	ualification Date	9:	N/A		Laser Training Date:		N/A	
	Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit:		rior Shoot	ings?	Number of Prior Shootings:	Directe	ed Force:	
	Weapons Fired Brand: H&K	MP-5 ^{Caliber} 9	# S	ihots 4	Weapons Brand:	Fired		Caliber	#	Shots	
	Field Training Officer Emp #	Last Name					First N	ame		M.I.	
	Field Training Officer Emp #	Last Name					First N	ame		M.I.	
E	Employee #	Last Name					First N	Name		M.I.	
	Sex: Race:	Rank:		Unit Assignme	ent:		Work As	ssignment (Unit #, Mod	ule, etc.):		
	ShiftTime (circle only one):	ShiftType (circle only one):	Off Duty	Intoxication/D	rug Usage?		Substar	nce Used:			
	Hospital Admission?	Hospital Name:	On Bucy	Coroner Cas	e? 🗍		Corone	r Case #		Interviewe	ed? 🔲
	Hrs of sleep prior to shooting	Duty Time (hrs):	Clothing	(circle only one)):		Other F	actors:			
	Age: Height:	Weight:	Plain	Clothes no Vest Clothes w/ Vest Jacket no Vest	Raid Jacks Uniform or Uniform w	o Vest					
	Range Qualification Date:		PPC Qu	alification Date	i.			Laser Training Date:			
	Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit:	T F	Prior Shoo	tings?	Number of Prior Shootings:	Direct	ed Force:	
	Weapons Fired Brand:	Caliber	# S	hots	Weapons Brand:	Fired		Caliber	#	Shots	
Í	Field Training Officer Emp #	Last Name					First Na	ame		M.I.	
	Field Training Officer Emp#	Last Name					First Na	ame		M.I.	
E	Employee #	Last Name	· hear or the		41		First N	lame	and the constitution of the second of the se	М.І.	A
	Sex: Race:	Rank:		Unit Assignme	ent;		Work As	ssignment (Unit #, Mod	ule, etc.):		
	ShiftTime (circle only one):	ShiftType (circle only one):	Off Dub.	Intoxication/D	rug Usage?		Substar	nce Used:			
	EM PM Day Hospital Admission?	Hospital Name:	Oil Duty	Coroner Case	e? 🗍		Corone	r Case #		Interviewe	d? 🗍
	Hrs of sleep prior to shooting	: Duty Time (hrs):		(circle only one) Clothes no Vest	: Raid Jacke	at w// Vest	Other F	actors:			
	Age: Height:	Weight:	Plain	Clothes w/ Vest Jacket no Vest	Uniform no	Vest					
	Range Qualification Date:		PPC Qu	alification Date	:			Laser Training Date:			
	Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:	F	Prior Shoo	tings?	Number of Prior Shootings:	Directe	d Force:	
	Weapons Fired Brand:	Caliber	# S	hots	Weapons I Brand:	Fired		Caliber	# :	Shots	
	Field Training Officer Emp #	Last Name					First Na	ame		M.I.	
	Field Training Officer Emp#	Last Name					First Na	ame		M.I.	

Officer Involved Shooting Suspect Information

RN: 016-04651-0287-013

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			Suspect	Information		
S 1	Last Name	Montion		First Name	Angel	M.I.
	AKA Last Name			First Name		M.I.
	Sex: M. Race:	Street Address:		27		
	IVI H	Olicet Address.		City		State & Zip Code:
	Work Phone: N/A	Home Phone: N/A	Social Sec	Cu rity #:	Driver's License #	
	Age: 33 D.O.B. 02/27/83	Height: 5-6 Weight: 180	FBI#		CII#	
	Booking #	Primary Charge:	<u> </u>	Secondary Charge:		
		Caranar Caca #			T	
	Coroner Case?	Coroner Case # 2016-02492		Intoxication/Drug Usage?	Substance Used: Alco	hol
	Armed? 🗸	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make Model	Year:	Paro	ole: Yes Probation:	Prior Felony	Conviction: Yes
	Last Name		eren y menera		val a liverage and commence of a various	
s				First Name		M.I.
	AKA Last Name			Fírst Name		M.I.
	Sex: Race:	Street Address:		City		State & Zip Code:
	Work Phone:	Home Phone:	Social Sec	curity #:	Driver's License #:	
	Age: D.O.B.	Height: Weight:	FBI#		Cii#	
	Booking #	Primary Charge:		Secondary Charge:		
	S	Coroner Case #		[Substance Used:	
	Coroner Case?			Intoxication/Drug Usage?		
	Armed?	Apprehended?	Dorol	Mental illness? Probation:	Criminal History?	Conviction
	Webicle Make Model:					
	Vehicle Make Model:	Year:	Parol	e. Frobation.	Prior Felony	CONVERION.
s	Vehicle Make Model: Last Name	Teal.	Paroi	First Name	Prior Felony	M.I.
S	<u></u>	real.	Paroj	- 2	Prior Felony	a se la
s	Last Name AKA Last Name		Paroj	First Name First Name		M.I. M.I.
s	Last Name	Street Address:	Parol	First Name		M.I.
S	Last Name AKA Last Name		Social Sec	First Name First Name City		M.I. M.I.
S	Last Name AKA Last Name Sex: Race:	Street Address:		First Name First Name City		M.I. M.I.
S	Last Name AKA Last Name Sex: Race: Work Phone; Age: D.O.B.	Street Address: Home Phone: Height: Weight:	Social Sec	First Name First Name City urity #:	Driver's License #:	M.I. M.I.
S	Last Name AKA Last Name Sex: Race: Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge:	Social Sec	First Name First Name City	Driver's License #:	M.I. M.I.
S	Last Name AKA Last Name Sex: Race: Work Phone; Age: D.O.B.	Street Address: Home Phone: Height: Weight:	Social Sec	First Name First Name City urity #:	Driver's License #:	M.I. M.I.
S	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Street Address: Home Phone: Height: Weight: Primary Charge:	Social Sec	First Name First Name City urity #: Secondary Charge:	Driver's License #:	M.I. M.I.
S	Last Name AKA Last Name Sex: Race: Work Phone; Age: D.O.B. Booking # Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License #: CII # Substance Used:	M.I. M.I. State & Zip Code:
S	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sect	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation:	Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. State & Zip Code:
s	Last Name AKA Last Name Sex: Race: Work Phone; Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model: Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sect	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. State & Zip Code:
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sect	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation:	Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. State & Zip Code:
	Last Name AKA Last Name Sex: Race: Work Phone; Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model: Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sect	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name	Driver's License #: CII # Substance Used: Criminal History? Prior Felony	M.I. M.I. State & Zip Code: Conviction: M.I.
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sector #	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Driver's License #: CII # Substance Used: Criminal History? Prior Felony	M.I. M.I. State & Zip Code: Conviction: M.I. M.I.
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model: Last Name AKA Last Name Sex: Race: Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Section #	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #:	M.I. M.I. State & Zip Code: Conviction: M.I. M.I.
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	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model: Last Name AKA Last Name Sex: Race: Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Section #	First Name First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #:	M.I. M.I. State & Zip Code: Conviction: M.I. M.I.
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model: Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight:	Social Section #	First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City urity #: Secondary Charge:	Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #: CII #	M.I. M.I. State & Zip Code: Conviction: M.I. M.I.
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Section #	First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City urity #: Secondary Charge:	Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #: CII # Substance Used:	M.I. M.I. State & Zip Code: Conviction: M.I. M.I.
	Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model: Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Section #	First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name City urity #: Secondary Charge: Intoxication/Drug Usage? Intoxication/Drug Usage? Mental Illness?	Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #: CII #	M.I. M.I. State & Zip Code: M.I. M.I. State & Zip Code:

SUPPLEM NTAL EMPLOYEE WONESSES Los Angeles County Sheriff's Department

Page 5 of 5 Employee Witnesses Last Name First Name M.I. Hilgendorf Kevin Κ Street Address Zip Code Work Ph Home Ph Deputy SEB 323-881-7800 Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.L Street Address Zip Code Work Ph Home Ph M.I. First Name Last Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Zip Code Work Ph Home Ph Street Address M.I. Last Name First Name Home Ph Street Address Zip Code Work Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph